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Substitute for form 1449/PTO				Complete if Known			
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STATEMENT BY APPLICANT			APPLICANT	First Named Inventor	Jun LIU		
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(Use as many sheets as necessary)			necessary)	Examiner Name	Y. Kim		
Sheet	1	of	1	Attorney Docket Number	146392005600		

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Examiner Initials*	Cite No.	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

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EXAMINER Initial of information considered, whether or not citation is in conformance with MPEP 009. Draw line through citation if not in conformance and not considered, include copy of the form with near communication to applicant. "Applicant's unique cotation designation number (optional). "See Kinds Codes of the Codes of the

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^{*}EXAMINER. Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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